

**WITNESS STATEMENT ON INDIVIDUAL***(AR 600-8-1)***CHECK APPLICABLE BOX**

☐ MIS    ☐ MIA    ☐ CAP    ☐ DET  
☐ DEAD (*Remains not recovered*)

**1. LAST NAME • FIRST NAME • MIDDLE NAME****2. SERVICE NO.****2A. SSN****3 GRADE****4. DATE OF DEATH OR WHEN LAST SEEN****5. ORGANIZATION****6. GEOGRAPHICAL LOCATION** (*Include grid coordinates and nearby town*)**7. IF ITEMS 1 AND 2 ARE UNKNOWN OR NOT POSITIVE, COMPLETE ITEMS LISTED BELOW:****AGE****WEIGHT****HEIGHT****HAIR****EYES****RACE****HOME TOWN****CIVILIAN OCCUPATION****NICKNAME****WAS HE MARRIED?** (*If so, give wife's name if known*)**DID HE HAVE ANY CHILDREN?** (*If so, give names if known*)**OTHER IDENTIFYING MARKS**  
(*such as tattoos or birthmarks*)**OTHER PERSONS WHO MAY HAVE WITNESSED THIS INCIDENT OR HAVE FURTHER INFORMATION**